



**U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT
BUREAU FOR DEMOCRACY, CONFLICT, AND HUMANITARIAN ASSISTANCE (DCHA)
OFFICE OF U.S. FOREIGN DISASTER ASSISTANCE (OFDA)**

Angola – Complex Emergency

Situation Report #2, Fiscal Year (FY) 2002

June 12, 2002

Note: The last situation report was dated May 07, 2002.

BACKGROUND

On April 4, 2002, representatives of the Government of the Republic of Angola (GRA) and the National Union for the Independence of Angola (UNITA) signed a memorandum of understanding that ended the 27-year civil war and reinstated the 1994 Lusaka Protocol. The agreement resulted in a new set of opportunities and challenges for the humanitarian community. Increased access to populations in need of humanitarian assistance and the availability of more cost-effective road transport of humanitarian supplies have been accompanied by continued influxes of internally displaced persons (IDPs) as people from previously isolated areas move in search of assistance, increased threats of landmines, and a rise in the need for humanitarian resources in the short term.

The GRA estimates that more than 4.0 million Angolans have been affected by the civil war. To date, the United States Government (USG) has provided more than \$75.1 million in emergency assistance to those affected by war in Angola in FY 2002, channeled through the United States Agency for International Development's Office of U.S. Foreign Disaster Assistance (USAID/OFDA), Office of Food for Peace (USAID/FFP), and Africa Bureau (USAID/AFR), as well as the State Department's Bureau of Population, Refugees, and Migration (State/PRM) and the United States Department of Agriculture (USDA). Since 1990, the USG has contributed nearly \$750 million in emergency assistance to affected populations in Angola.

NUMBERS AT A GLANCE		SOURCE
Killed (since 1975)	1,000,000	U.S. Committee for Refugees
War-Affected (September 2001)	3,800,000	GRA
Internally Displaced (January 2002)	4,300,000	GRA
	1,340,000 registered	UN OCHA
Refugees (April 2002)	465,000–Total	State/PRM
	225,000–Zambia	
	192,000–Democratic Republic of Congo	
	18,000–Republic of Congo	
	30,000–Namibia	

Total FY 2002 USAID/OFDA Humanitarian Assistance to Angola¹ \$20,331,802
Total FY 2002 USG Humanitarian Assistance to Angola¹ \$75,121,802

CURRENT SITUATION

Political Issues

On February 22, 2002, Jonas Savimbi, who led UNITA for over three decades, was killed in battle with the GRA's Angolan Armed Forces (FAA). Savimbi's death marked a turning point in the armed conflict between rival liberation movements that began following independence in 1975.

The memorandum of understanding (MOU), signed on April 4, 2002 by the GRA and UNITA, called for full implementation of the 1994 Lusaka peace accords. Under the Lusaka agreement, rebel soldiers were to be demobilized and some integrated into the FAA, and UNITA transformed into a legitimate political party.

Angola's Parliament took immediate steps to begin implementing the accord by unanimously passing a law that provides amnesty for all UNITA combatants.

Demobilization and Reintegration

On May 20, the GRA agreed to allow the FAA and the United Nations (U.N.) to coordinate assistance in the Family Reception Areas (FRAs), formerly referred to as Family Quartering Areas (QFAs). The announcement followed several weeks of negotiations aimed at preventing the deterioration of humanitarian conditions in the FRAs from threatening the peace process.

As of June 04, 2002, United Nations agencies led by the U.N. Office for the Coordination of Humanitarian Affairs

¹ FY 2002 Funding Totals represent the total funds provided to date.

(UN OCHA) completed access and security assessments of 33 of the total 35 FRAs. According to the Joint Military Commission, 82,185 soldiers, accompanied by 220,264 family members, had arrived at the FRAs as of June 03. The most critical needs in the FRAs include food, essential drugs, nutritional feeding programs, non-food items, vaccinations, and water and sanitation interventions. Initial reports indicate that FAA-provided emergency food assistance was arriving in the FRAs during the week of June 03.

In May, USAID/OFDA deployed a Demobilization and Reintegration Planning Liaison Officer to assess the humanitarian situation within the FRAs, identify opportunities for the USAID/OFDA to assist family members, recommend areas where the USG could play a role in a successful demobilization and reintegration effort, and liaise with other donors, the U.N., World Bank, and other assessment teams working on demobilization and reintegration issues.

Following USAID/OFDA's assessment of the FRAs, USAID/OFDA provided more than \$2.0 million in non-food emergency assistance commodities to the U. N. through the International Organization for Migration (IOM) for distribution in the FRAs. The first of three airlift operations consisted of stockpiled commodities from USAID/OFDA's warehouse in Pisa, Italy arrived in two shipments in Luanda on May 22 and May 24. The airlift contained 2,500 rolls of plastic sheeting, 50,000 water jugs, and 50,000 blankets, valued at \$1,534,000 including transportation costs. The second airlift arrived in Luanda May 31 from India, containing 12,900 kitchen sets, valued at \$289,475 including transportation costs. The final airlift, which contained 7,900 kitchen sets valued at \$171,038, arrived in Luanda from India on June 11. In addition to these airlifts, a USAID/OFDA-supported sealift containing 4,200 kitchen sets and more than 50,000 bars of soap, valued at \$84,866, from South Africa is en route to Luanda. The World Food Program (WFP) will transport these commodities to central distribution points in the provinces for distribution in the FRAs.

Security and Access

Since the signing of the peace agreement, security and accessibility has improved throughout the country. The shift is evidenced by a continuing influx of IDPs from previously inaccessible regions. However, accessibility continues to be limited by the threat of landmines. In November 2001, the State Department's Bureau for Political/Military Affairs (State/PM) estimated that between 200,000 and six million landmines had been laid in Angola since the beginning of the conflict in 1975. According to State/PM, the heaviest concentration of landmines extends from the northwest border with the Democratic Republic of Congo (DRC) to the southeast border with Namibia, covering nearly 50 % of the country. State/PM also estimated that one in every 334 Angolans, or 70,000 people, are amputees as a result of landmine explosions. Since 1995, State/PM has provided

more than \$12.0 million in humanitarian demining assistance to Angola. Of this total, State/PM provided \$2.8 million through NGOs to address humanitarian demining issues in Angola to date in FY 2002.²

The threat of landmines continues to have a direct impact on humanitarian assistance efforts in Angola. The preliminary findings of the U.N.'s rapid assessment of critical needs (RACN), conducted in May 2002, identified Bié, Huila, Huambo, Lunda Sul, Bengo, Cuando Cubango, and Kwanza Norte provinces as priorities for land mine efforts. Security issues remain the primary constraint for humanitarian organizations attempting to access affected populations. To address this challenge, USAID/OFDA supports the United Nations Development Program (UNDP) to maintain civil/military security liaison officers in selected provinces. The liaison officers work with the FAA, civil police, and the non-governmental organization (NGO) community to facilitate and enhance the exchange of security information. USAID/OFDA began supporting this effort in 1999 and continued in FY 2002 by providing an additional \$880,000.

In addition to chronic insecurity, humanitarian relief operations are constrained by the country's devastated infrastructure. After nearly three decades of war, the majority of the nation's roadways and airstrips are impassable or insecure. While the cessation of violence has enabled increased proportions of emergency commodities to be delivered via road, approximately 40-50% of all the humanitarian assistance efforts in Angola must still be delivered by air. The number and size of aircraft that can be accommodated in most of the nation's inadequate and debilitated airstrips are limited, often hampering emergency relief efforts.

The lack of a functional transportation infrastructure, coupled with chronic insecurity and the threat of landmines, increases the overall cost of providing and monitoring humanitarian assistance. Insecurity and access constraints also limit the quantity of emergency relief commodities that can be delivered to certain areas, decreasing the ability of the humanitarian community to fully meet the needs of vulnerable populations. In response to access concerns, USAID/OFDA continues to fund WFP efforts to provide air transport of non-food items and humanitarian personnel from the international and local NGOs, the donor community, U.N. Agencies, and the diplomatic corps. In FY 2002, USAID/OFDA provided more than \$1.1 million to WFP for these logistical air support efforts, which USAID/OFDA has supported since 1991.

Newly Accessible Locations

The preliminary findings of the U.N.'s RACN in previously inaccessible areas indicated that as many as

² For additional information regarding State/PM's Humanitarian Demining Program, please see <http://www.state.gov/t/pm/rls/walkearth/2001>.

815,000 additional people, including new IDPs, vulnerable residents, and returning or resettling populations, are in need of humanitarian assistance. The initial results also concluded that malnutrition, child mortality, food security, and access to potable water are among the primary humanitarian concerns in most locations. The U.N. completed RACNs in 28 previously inaccessible areas in 12 provinces, while 13 sites located in Moxico, Bié, Huila, Lunda Norte, Malanje, and Kwanza Sul provinces were determined to be inaccessible due to security concerns.

In response to increased access to populations in need of humanitarian assistance, USAID/OFDA provided more than \$780,000 to AAH/USA to provide essential emergency assistance, include health, nutrition, and water and sanitation services, for 30,000 beneficiaries in newly accessible zones.

Refugees

As a result of three decades of violence, many Angolans have sought refuge in neighboring countries. According to State/PRM, nearly 465,000 Angolan refugees were living in other countries in April 2002: 225,000 in Zambia; 192,000 in the DRC; 30,000 in Namibia; and 18,000 in the Republic of Congo (ROC). Of this total, 170,000 Angolan refugees are estimated to have fled since the resumption of hostilities in 1998. Some of the older case load refugees have spontaneously settled and are now integrated into the host community. Most of the newer caseload refugees are in camps established by the host country and assisted by the United Nations High Commissioner for Refugees (UNHCR), WFP, and NGOs. As a result of the April 04 cease-fire and the prospect for a durable peace in Angola, UNHCR reported widespread interest among refugees in returning home. UNHCR is tentatively planning for as many as 80,000 spontaneous returns in 2002, followed by an organized repatriation program to begin in 2003.

State/PRM continues to support the humanitarian needs of Angolan refugees throughout the region through funding to UNHCR, WFP, and NGOs. To date, State/PRM has provided approximately \$11.0 million to UNHCR to support Angolan refugees in Zambia, Namibia, the DRC, and ROC. In addition, State/PRM provided a \$583,000 grant to Lutheran World Relief to assist Angola refugees in Zambia. These contributions are in addition to State/PRM's unearmarked contribution to UNHCR for Africa, totaling \$20.1 million to date in FY 2002. State/PRM has also contributed \$27.4 million to ICRC for its Africa programs, a portion of which is used to support ICRC programs in Angola.

Internally Displaced Persons and Resettlement

According to the GRA, there are 4.3 million IDPs in Angola, of which 1,340,000 are registered by humanitarian organizations for humanitarian assistance. Intensified fighting throughout the country during the first quarter of FY 2002 resulted in increased IDP influxes. In March 2002, UN OCHA warned that the

humanitarian community in Angola was stretched to its limits, despite operating at full capacity. As a result of the cease-fire and increased accessibility, UN OCHA estimates that between 100,000 and 300,000 Angolans will become newly displaced in the next six months—as Angolans who were previously isolated in inaccessible areas move in search of humanitarian assistance. Others will require assistance in such recently accessed areas as Cuemba and Bunjei. Many observers suggest that the success of the peace process will do little to alleviate continued IDP influxes as new areas become accessible to relief organizations. Therefore, the humanitarian community in Angola will require significant increases in resources in order to meet the needs of the most vulnerable.

Among the IDP populations in Angola, the number of unaccompanied, or separated children has risen noticeably in the Provinces of Moxico, Bié, Huambo, and Kuanza Sul. The U.N. reported that 4,650 separated children were registered from June to December 2001, while NGOs estimate that there are approximately 100,000 unaccompanied children across the country. ICRC is engaged in family reunification and tracing efforts in 10 provinces including Huambo, Moxico, Bié, Huila, Benguela, Cuando-Cubango, Uígé, Kwanza Norte, Kwanza Sul, and Luanda.

USAID/OFDA supports a variety of humanitarian assistance programs directly targeted at more than 2.2 million vulnerable IDPs, the majority of which are women and children. The details of these efforts are outlined by sector below.

Food Security and Agriculture

The food security situation in Angola is expected to deteriorate, following the late arrival of seasonal rains and delays in delivering agricultural inputs due to insecurity. The worst affected provinces include Benguela, Bié, Kuanza Norte, Kuanza Sul, Malanje, Moxico, and Uíge.

In response to food security concerns, USAID/OFDA provided \$250,000 in support to World Vision International (WVI). The WVI initiative provides families with farmer-selected crop seeds and planting materials, promotes low cost, sustainable soil fertility practices, and disseminates results and lessons learned from other food security efforts in the area. Approximately 50,000 IDPs in Malanje and Kwanza Norte Provinces participate in the program.

In addition, USAID/OFDA continued its FY 2001 support of the United Nations Food and Agriculture's (FAO) food security and agriculture coordination efforts by providing an additional \$50,000 in FY 2002. FAO also received \$3.2 million from USAID/OFDA to distribute seeds and tools to IDP and resettling populations throughout the country.

To date, USAID/FFP provided 30,840 MT of P.L. 480 Title II Emergency Food Assistance valued at \$21.6 million in FY 2002. USAID/FFP's contributions support the daily food requirements of approximately 150,000 vulnerable Angolans through the WFP. In addition, USDA contributed 39,700 MT of 416(b) emergency food assistance, totaling \$28.7 million.

Health

As humanitarian access to previously isolated populations continues to improve, the overall health situation in Angola continues to deteriorate, as the critical health needs of those who have been without health care in inaccessible locations becomes apparent. Three decades of violence destroyed water and sanitation systems throughout the country. Health care services are nonexistent or inaccessible for the majority of the population. IDPs are moving into already overcrowded urban and semi-urban areas without functioning health infrastructures. As a result, the potential for epidemics in urban areas and IDP camps remains high. Malaria, respiratory infections, and diarrheal diseases are among the most common ailments and reported causes of death for Angolans.

In response to the health situation in Angola, USAID/OFDA supported approximately \$4.9 million in emergency health initiatives during FY 2002. In an effort to improve public health conditions, USAID/OFDA provided more than \$500,000 to AAH/USA to increase the availability of curative and preventative health services in for 143,000 people in Ganda Municipality of Benguela Province. AAH/USA's health program ensures reliable regular supplies of essential drugs and medical equipment and provides supervision and technical assistance of MINSA staff working in health clinics, hospitals, and community health initiatives. In addition to benefiting the general population, the program also targets 28,600 children under the age of five and 34,000 women of child-bearing age. USAID/OFDA's support to AAH/USA also facilitates efforts to monitor the humanitarian situation in the municipality.

USAID/OFDA also provided nearly \$2.0 million in support to OXFAM for water and sanitation initiatives. In order to improve overall public health, OXFAM plans to provide 214 potable water sources for 115,000 residents of Malanje, Huambo, and Kuito. In the same areas, 88,800 residents will have access to 5,440 latrines provided through OXFAM/GB.

Catholic Relief Services (CRS) received more than \$230,000 to implement a health education and prevention program in the Cubal, Balombo, and Ganda municipalities of Benguela Province. The education and prevention initiatives focus on infant and child nutrition, immunizations, and the prevention and treatment of malaria and diarrheal diseases. Approximately 8,200 children under the age of five, 12,300 women of child-bearing age, 400 health care workers, and 115 nutrition staff benefit from the program.

Maternal and child health (MCH) issues are a priority health concern in Angola. Angola has among the highest infant, child, and maternal mortality ratios in the world. According to the United Nations' Children's Fund (UNICEF), the mortality rate for children under 5 in Angola is 292 per 1,000. Levels among camp residents are estimated to be higher than those from urban areas. A 2001 United Nations Population Fund (UNFPA) analysis found infant mortality to be 236 for every 1,000 and child mortality to be 395 for every 1,000. The recent U.N. RACN of newly accessible locations cited child and maternal mortality rates ranging from two to six deaths per 10,000 per day, well above the emergency threshold of one death per 10,000 per day. Maternal mortality ratio figures from the last national estimate (1993) indicate that between 1,281 and 2,000 women die for every 100,000 live births—compared to 137 per 100,000 in Namibia. Recent assessments indicate that nearly 85% of all births are unattended and that emergency obstetrical care and antenatal services are unavailable.

In response to the MCH crisis in Angola, USAID/OFDA continued to support a MCH program implemented by International Medical Corps (IMC) with a \$1.2 million grant in FY 2002. The program provides increased access to safe and hygienic deliveries for women of childbearing age, including essential emergency obstetric care. The total targeted population is more than 1.2 million of the most vulnerable residents and IDPs in several municipalities in Huambo, Malanje, and Uíge provinces. IMC's MCH efforts also include sexually transmitted disease (STD) and HIV/AIDS prevention, child-spacing services, child vaccinations, and integrated management of childhood illnesses. In addition, IMC trains local health care workers, provides emergency medical supplies, and develops immunization outreach activities.

Africare received more than \$450,000 to implement an immunization program in Camacupa and Kuito municipalities, located in Bié Province, as well as in Waku Kungo Municipality, located in Kwanza Sul Province. The program provides vaccines against six preventable diseases to approximately 194,000 children under the age of five and 178,000 women of child-bearing age. USAID/OFDA's support to Africare also facilitates efforts to improve the capacity of three health care facilities in Waku Kungo, such as the supply of medical equipment, training of health workers and essential drugs and the prevention and treatment of malaria, diarrheal diseases, and pneumonia.

USAID/OFDA also provided \$492,949 to GOAL, Ireland Relief and Development Organization, to implement emergency public health activities, focusing on MCH issues, for 36,000 beneficiaries, primarily women and children near Luena city, Moxico Province.

CONCERN Worldwide received nearly \$350,000 from USAID/OFDA to provide maternal and child health services to 100,000 residents, IDPs, and returnees in

Malanje city, Malanje Province and the surrounding areas.

HIV/AIDS is also among the primary health concerns in Angola. While government-reported prevalence rates are low—an estimated 3.4% of the sexually active population in 1999—recent, reliable statistics regarding HIV/AIDS prevalence are limited. In September 2001, the World Health Organization and the Ministry of Health (MOH) reported a 33% prevalence rate among sex workers in Luanda. UNICEF and the MOH indicated a prevalence rate of 8.6% among pregnant women in Luanda in September 2001. Some observers estimate that more than 100,000 cases have gone unreported. General lack of awareness, a decimated health system, unsafe medical practices, a high level of STDs, high levels of sexual violence, fluid populations movements, including across borders, and high prevalence rates in neighboring countries indicate that Angola may have a more serious HIV/AIDS problem than is currently acknowledged.

The National Institute of Statistics is working closely with UNICEF to complete a Multiple Indicators Cluster Survey (MICS) that will provide a comprehensive overview of the status of women and children in Angola. The results will include data regarding child and maternal health, malaria, HIV/AIDS, nutrition, water and sanitation, education, migrations, and household characteristics. While this study is nationwide, women and children residing in IDP camps were not originally included in the sample. In response, USAID/OFDA provided approximately \$140,000 to UNICEF to expand this effort to include women and children IDPs in 10 provinces.

Nutrition

A nutrition crisis is emerging in Angola, not only among newly arriving IDP populations, but also among residents of areas where access has recently been gained. The U.N.'s RACN revealed that critical levels of malnutrition exist in Bunhei, Chilembo, Chipindo, Cuemba, Sanza Pombo, and the communes of Ussoque and Vila Franca. In more than half of the assessed locations, the RACN indicated that severe and moderate malnutrition rates among IDPs and residents have reached 10% and 25% respectively.

In response to the nutrition crisis in Angola, USAID/OFDA provided approximately \$1.9 million in support of nutrition activities to date in FY 2002. For example, USAID/OFDA provided more than \$750,000 to AAH/USA to implement a supplementary feeding program to benefit 11,400 vulnerable residents and IDPs in the Ganda Municipality of Benguela Province.

CRS received an additional \$1.1 million to implement emergency nutrition activities in Benguela Province. CRS's nutrition efforts include the provision of therapeutic and supplementary feeding to 7,200 children under five in Balombo and Cubal municipalities. CRS also supports mobile supplementary feeding centers

benefiting 4,300 children in Balombo and Cubal. In addition, 18,600 children in Cubal and Ganda receive dry rations through the CRS initiative. USAID/OFDA's support to CRS also facilitates the training of health and nutrition workers, as well as the development of a health and nutrition referral network.

USAID/OFDA also provided more than \$43,000 to Africare to manage community kitchen programs in Waku Kungo, located in Kwanza Sul Province and Kuito, located in Bié Province. The community kitchens address nutrition requirements of children under five.

In addition, nutrition component of the USAID/OFDA-supported CONCERN program, outlined above, specifically addresses the nutritional needs 100,000 of vulnerable pregnant and lactating women, malnourished children, and tuberculosis patients.

NOTE: USAID/FFP and USDA commodities support nutritional requirements of vulnerable Angolans, in addition to food security issues.

Coordination

In FY 2002, USAID/OFDA provided \$1 million to UN OCHA to enhance coordination efforts among the humanitarian community. The grant to UN OCHA also supports reporting efforts and information sharing activities among the U.N., GRA, NGOs, and donors. This coordination funding provides for field advisors who work across Angola to provide information to the humanitarian community on security and access. USAID/OFDA also continued funding UN OCHA's Emergency Response Fund (ERF) with an additional \$3 million in support in FY 2002. The ERF provides rapid disbursement of funds through humanitarian partners to serve as a short-term, emergency mechanism to assist communities until emergency response programs can be put in place. The ERF addresses the need for the international humanitarian community to have flexibility to rapidly changing needs. UN OCHA has a list of over 90 urgent projects on its top priority list for consideration.

USAID/OFDA also addressed coordination issues by providing \$500,000 in FY 2001 to support to the WFP Vulnerability Assessment Mapping (VAM/Angola) project, which continues to improve the targeting of food assistance to the most vulnerable through collection, analysis and dissemination of food security data for the humanitarian community. In FY 2002, CRS received \$284,365 in USAID/OFDA support to continue a capacity building program for local NGOs managing emergency response projects.

GOVERNMENT EFFORTS TO MEET HUMANITARIAN NEEDS

The GRA has shown an increased commitment to humanitarian issues. As outlined above, the GRA has made an effort to include humanitarian concerns in the

peace process. Following the signing of the ceasefire, the GRA has allowed increased access to populations in need by the humanitarian community. However, the majority of the emergency assistance delivered throughout Angola continues to be provided by the international humanitarian community. Angola recently pledged \$50 million in support of cantonment and demobilization of ex-UNITA soldiers. To date, the GRA has not committed any of those funds towards the disarmament, demobilization, and reintegration process. The GRA's National Program of Emergency Humanitarian Assistance (PNEAH) was created in 1999 to respond to Angola's humanitarian crisis. According to a February 2002 report from UN OCHA, Angola has allocated \$45.5 million in assistance under the PNEAH.

The GRA has also reaffirmed its commitment to the closure of IDP camps and the return and resettlement of displaced populations, preferably to their areas of origin. The GRA's stated objective is to return or resettle 500,000 by August 2002. The U.N. stated that the return or resettlement of more than 300,000 by August should be considered an achievement of note. The GRA previously adopted the Norms on the Resettlement of Displaced Populations to ensure appropriate standards and conditions are observed during the resettlement process. The GRA is now formulating a law for return and resettlement that should incorporate these norms.

USAID/OFDA HUMANITARIAN ASSISTANCE

USAID/OFDA maintains a permanent field presence in Angola by funding an Emergency Disaster Relief Coordinator to monitor USAID/OFDA's programs, coordinate with USAID/Luanda, and report on humanitarian issues in the country.

Following the initial implementation of the peace agreement, USAID/OFDA nearly tripled its planned FY 2002 budget for Angola to address the needs, challenges, and opportunities presented by increased access. USAID/OFDA also re-designed its response strategy in Angola to expand activities beyond the Planalto region in order to provide greater flexibility, geographically and programmatically, to its partners—enabling them to rapidly respond to the fluid humanitarian situation. In addition to the Demobilization and Reintegration Planning Liaison Officer deployed to Angola in May, USAID/OFDA deployed an assessment team to Angola from June 11 through July 9 to build upon the ongoing UNOCHA assessment mission. The USAID/OFDA team will focus on assessing the humanitarian situation in newly accessible areas, including FRAs and those identified in the RACN, as well as the needs of IDPs for return and resettlement. The assessment team will also develop a strategy to meet identified needs and to provide a basis for more transitional programs.

U.S. GOVERNMENT HUMANITARIAN ASSISTANCE TO ANGOLA

<i>Agency</i>	<i>Implementing Partner</i>	<i>Sector</i>	<i>Regions</i>	<i>Amount</i>
FY 2002				
USAID				\$42,831,802
USAID/OFDA				\$20,331,802
	AAH/USA	Health, Nutrition	Benguela	\$2,044,906
	Africare	Health, Nutrition	Kuito, Camacupa, Waku Kungo	\$500,561
	CONCERN	Health	Malanje	\$349,821
	CRS	Health Training	Countrywide	\$284,365
	CRS	Health, Nutrition	Benguela	\$1,381,081
	FAO	Food Security and Agriculture	Countrywide	\$50,000
	FAO	Agriculture	Countrywide	\$3,120,000
	GOAL	Health	Moxico	\$492,949
	IMC	Health	Huambo, Malanje, Uíge	\$1,200,000
	IOM	Airlift # 1 – commodities and transport	QFAs	\$1,534,000
	IOM	Airlift # 2 – commodities and transport	QFAs	\$289,475
	IOM	Airlift #3 – commodities and transport	QFAs	\$171,038
	IOM	Sealift #1 – commodities and transport	QFAs	\$84,866
	OXFAM/GB	Water/Sanitation	Huambo, Malanje, Kuito	\$1,996,000
	UNOCHA	Coordination	Countrywide	\$1,000,000
	UNOCHA	Emergency Response Fund	Countrywide	\$3,000,000
	UNDP	Security Field Advisors	Countrywide	\$880,000
	UNICEF	IDP Health Surveys	Countrywide	\$132,000
	UNICEF	Dissemination of Health Data	Countrywide	\$105,740
	WVI	Food Security and Agriculture	Malanje, Kwanza Norte	\$250,000
	WFP	Logistics	Countrywide	\$1,184,000
	Administrative Costs			\$281,000
USAID/FFP.....				\$22,500,000
	WFP	P.L. 480 Title II Food Assistance – 32,640 MT		\$22,500,000
USDA				\$28,700,000
	WFP	416 (b) Food Commodities – 39,700 MT		\$28,700,000
STATE/PRM¹.....				\$790,000
	UNHCR	Assistance to Congolese Refugees		\$790,000
STATE/PM.....				\$2,800,000
		Humanitarian Demining Program		\$2,800,000
Total USG Humanitarian Assistance to Angola in FY 2002.....				\$75,121,802

¹State/PRM figures include funding within Angola. State/PRM also provides assistance to Angolan refugees throughout the region. UNHCR receives additional, un-earmarked funding from State/PRM to support refugees across Africa. For more information on regional and Africa-wide assistance through State/PRM, see “Refugees” and “Other USG Assistance” section above.



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